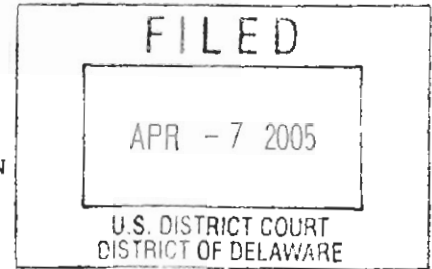




STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716



Raphael Williams
Warden IV

MEMORANDUM

TO: Jimmie Lewis, 506602
1E Pod

FROM: ~~Warden Raphael Williams~~

DATE: February 15, 2005

SUBJ: **YOUR RECENT CORRESPONDENCE**

Interstate transfers occur through the classification process. Please work with your unit counselor.

RW:adc

DISTRIBUTION

Michele Salter, Unit Counselor
File



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: Jimmie Lewis, 506602
1E Pod

FROM: Warden ~~Raphael Williams~~ 

DATE: February 15, 2005

SUBJ: ***YOUR RECENT CORRESPONDENCE***

Delaware law prohibits you from receiving a copy of your medical records absent of a court order.

RW:adc

DISTRIBUTION

File

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: I/M Jimmie Lewis, 1E Pod

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-10-05

RE: Correspondence dated 2-8-05

Please be advised that this office is in receipt of your letter regarding status of grievances.
See below:

- (1) One Medical Grievance pending Level III decision #9686
- (1) One Non-Medical Grievance pending RGC Hearing #10867
- (3) Three Medical Grievances pending First Step #10866/#11022/#11260
- (3) Three Non-Medical Grievances pending First Step #11015/#11292/#11293

Cc: file

HOWARD R. YOUNG CORRECTIONAL INSTITUTION
RECEPTION AND DIAGNOSTIC UNIT (RDU)
CLASSIFICATION/TREATMENT DEPARTMENT

MEMORANDUM

To: JIMMY LEWIS -----

---506622-----

STRD_11/01/08_____

From: LT L. JONES

Re: Classification

On__02/28/05_____ you were recommended by the MDT Board for: (items checked only)

___ Community (WR) ___ Minimum ___ Medium ___X___ Maximum security.
0 - 4 pts 0 - 8 pts 9 - 16 pts 17 pts or more

___ VOP Center ___ WCF ___ HRCI ___X___ DCC ___SCI

___ DUI Program ___ Key North ___ New Visions ___ YCOP

___ Lifeskills ___ PRC ___ Alternative To Violence Program (AVP)

___ Mental Health ___ Mental Health w/Sex Offenders Group

___ Mental Health w/Anger Management

___ Education ___ Workpool ___ Greentree ___ Personal Challenges

___ Family Problems ___ Substance Abuse Reality (SAR) ___ Transition Unit (1D)

___ Note: open charge(s) in file ___ English as a Second Language Program

Note: You were override to maximum, due to your many class one write up.

This **recommendation** will now go to the Central Institutional Classification Board (CICB) for **approval** or **disapproval**.

NOTE: You will receive notification from the CICB ONLY if they disapprove the MDT recommendation.

LT JONES

____3/3/05_____
Date

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis LE

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-25-05

RE: YOUR RECENT GRIEVANCE #05- 11762

This memo is to inform you that the grievance submitted by you dated 2-13-05, regarding Grievance boxes is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____.

☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:

☒ This is an issue/complaint that has already been grieved by you or another inmate. 04-9138, 04-7126

☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-25-05

RE: YOUR RECENT GRIEVANCE #05- 11765

This memo is to inform you that the grievance submitted by you dated 2-13-05, regarding Ch Davis - A is not grievable for the following reason(s):

___ The complaint was addressed by the IGC: _____.

___ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

___ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

___ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

___ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

X Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson 8-4 shift Commander

X This is an issue/complaint that has already been grieved by you or another inmate. 05-11607.

___ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

___ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

___ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E 4
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 2-25-05
RE: YOUR RECENT GRIEVANCE #05- 11766

This memo is to inform you that the grievance submitted by you dated 2-13-05, regarding assault by 96 Gangs - A is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson 8-4 Shift Computer
- ☒ This is an issue/complaint that has already been grieved by you or another inmate. 05-11002
- ☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-25-05

RE: YOUR RECENT GRIEVANCE #05- 11763

This memo is to inform you that the grievance submitted by you dated 2-13-05, regarding gates is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____

☒ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:

☐ This is an issue/complaint that has already been grieved by you or another inmate. _____

☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 3-1-05

RE: YOUR RECENT GRIEVANCE #05- 11952

This memo is to inform you that the grievance submitted by you dated 2-24-05, regarding release date is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____.

☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson 8-4 shift Commander

☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.

☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 2-28-05

RE: YOUR RECENT GRIEVANCE #05- 11823

This memo is to inform you that the grievance submitted by you dated 2/16/05, regarding programs is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____

☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☒ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision. I/M Lewis, you can address this matter by writing to the Facility Treatment Administrator.

☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:

☐ This is an issue/complaint that has already been grieved by you or another inmate. _____

☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis 1-E

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 3-1-05

RE: YOUR RECENT GRIEVANCE #05- 11918

This memo is to inform you that the grievance submitted by you dated 2-22-05, regarding assaults on you is not grievable for the following reason(s):

☐ The complaint was addressed by the IGC: _____.

☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).

☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Captain Jefferson 8-4 Shift Commander

☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.

☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

Howard R. Young Correctional Institution
, Inter-Dept. Memo

TO: Jimmie Lewis Inf.
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 5-17-04
RE: GRIEVANCE # 04-3382

Please be advised that your grievance has been received in the office of the Grievance Chair regarding being threatened.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Resident Grievance Committee (RGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis.

Thank you for your patience.

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: Jimmie Lewis, ID Pod

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 9/2/04

RE: Correspondence dated 7-28-04

Please be advised that this office is in receipt of your regarding personal property at Delaware State Hospital. This office is still attempting to make contact to determine if your property is still at DSH. As soon as a response is received, you will be notified.

cc: file

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimme Lewis 1-E
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 3-1-05
RE: YOUR RECENT GRIEVANCE #05- 11917

This memo is to inform you that the grievance submitted by you dated 2-22-05, regarding mase is not grievable for the following reason(s):

 The complaint was addressed by the IGC: _____

☒ **Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public). I/M Lewis, you can address your concern with the Office of the Security Superintendent.**

 Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.

 Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.

 Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.

 Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is:

 This is an issue/complaint that has already been grieved by you or another inmate. _____

 Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.

 The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.

 This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____

RECEIVED LEGAL MAIL
MS. SUTTON 12/29/04

SUPERIOR COURT
OF THE
STATE OF DELAWARE

CHARLES H. TOLIVER, IV
JUDGE

NEW CASTLE COUNTY COURTHOUSE
500 NORTH KING STREET, SUITE 10400
WILMINGTON, DELAWARE 19801-3733
TELEPHONE (302) 255-0657

December 14, 2004

Mr. Jimmie Lewis, #506622
Howard R. Young Correctional Institution
P.O. Box 9561
Wilmington, DE 19809

RE: Lewis v. Williams
C. A. No. 04M-11-098

Dear Mr. Lewis:

I have now had the opportunity to review your petition seeking the issuance of a writ of habeas corpus which was filed with the Prothonotary on November 29, 2004. It is based upon that review that I must decline to grant the relief you seek.

More specifically, your petition seems to complain that you were not returned from the Delaware Psychiatric Center to the custody of the Department of Correction as requested by Ms. Stachowski, Director of the Delaware Psychiatric Center, on June 16, 2004. On June 22, 2004, I granted the aforementioned request on Ms. Stachowski's correspondence. On June 29, that document was filed with the Prothonotary. Please refer to the copy of the enclosed docket, entry number 41.

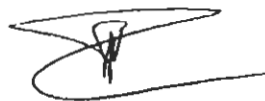
It appears that your petition does not contain any other basis for relief. Accordingly, your petition must be **denied**, as it does not state a claim upon which such a writ may be issued.

Page Two

RE: Lewis v. Williams
C. A. No. 04M-11-098

IT IS SO ORDERED.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Charles H. Toliver, IV'. The signature is stylized with a large, sweeping 'C' and a horizontal line extending to the right.

Charles H. Toliver, IV
Judge

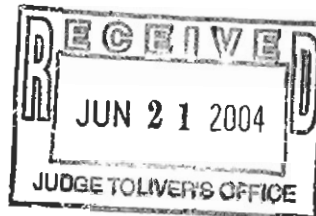
CHT,IV/lld
Enclosures

oc: Prothonotary
cc: Investigative Services
Dianne Stachowski, MSN, RN, CS
Warden Raphael Williams, H.R.Y.C.I.
H.R.Y.C.I. Records Division

**DELAWARE HEALTH
AND SOCIAL SERVICES**DIVISION OF SUBSTANCE
ABUSE AND MENTAL HEALTH

DELAWARE PSYCHIATRIC CENTER

June 15, 2004

Re: Jimmy Lewis
ID# 0305016966

Dear Judge Toliver:

The Forensic Evaluation Team have completed their evaluation and treatment on Jimmy Lewis' ID# 0305016966. We are requesting from the court a court order allowing us: *To transfer Jimmy Lewis back to DOC.*

If there are any questions or concerns regarding this request, please contact me at (302) 255-9701. For the court's convenience my fax number is (302) 255-4439.

Respectfully,

Dianne Stachowski, MSN, RN, CS
Forensic Unit Director
Mitchell BuildingCC: Renata Henry, Director, DSAMH
Ranga N. Ram, MD, Medical Director

So ordered.
J. Toliver
6/22/04

2004 JUN 29 PM 4:14

FILED
PROTHONOTARY



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
1301 EAST 12TH STREET
WILMINGTON, DELAWARE 19809
Telephone: (302) 429-7747
Fax: (302) 429-7716

Raphael Williams
Warden IV

MEMORANDUM

TO: *Jimmie Lewis, 506622*
~~*Infirmity*~~

FROM: *Warden Raphael Williams*

DATE: *December 20, 2004*

SUBJ: ***YOUR RECENT CORRESPONDENCE***

Recreation is afforded to the offender population as staffing and weather permits.

RW:adc

DISTRIBUTION

LaVerna Lang, Correctional Records Supervisor



Jack Off

CARBONLESS
FORM 3801

☐ **CARBON**
REQUIRED

NOTE: Send White and Pink copies.
Sender retains Canary copy.
TRIPPLICATE

TO

Lewis, Jimmy
Sole 6222

SUBJECT

MESSAGE

DATE 5/13/04

legal material deny per PA Fish

SIGNED *Medical*

REPLY

DATE

SIGNED

IOPS FORM 3801 MADE IN U.S.A.

SENDER: RETAIN CANARY COPY

RECIPIENT: REPLY ON PINK COPY - RETAIN WHITE COPY



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
MULTI-PURPOSE CRIMINAL JUSTICE FACILITY
1301 E. 12TH STREET
WILMINGTON, DE 19809

TELEPHONE: (302) 429-7700

FAX: (302) 429-7707

TRANSFER TO ADMINISTRATIVE SEGREGATION

NAME: Lewis, Jimmie SBI NUMBER: 506622
 DATE OF ORDER: 5/3/04 CURRENT LOCATION: Infirmery 197
 TIME OF ORDER: 1714 NEW LOCATION: TBD

You are hereby being placed on administrative segregation for the following reason (s):

 A threat / potential threat to the security and safety of this facility.

XXX Your unacceptable / acting out behavior.

 The threat or potential threat of physical harm from others.

 Pending a complete investigation for a security violation.

COMMENTS: You are being placed on administrative segregation because of your continuous acting out .

APPROVING AUTHORITY (STAFF LIEUTENANT OR ABOVE):

Captain D. Bamford DRB
STAFF TITLE AND SIGNATURE

DISTRIBUTION

Original: Warden via Deputy Warden
 Copy: Linda Hunter, Health Services Administrator
 Counselors via Pam Faulkner-Minor, Counselor Manager
 Primary Control/Movement Log Officer
 Housing Unit - Module Control
 Resident

Delaware Facility H.R.Y.C.I



I, JIMMIE LEWIS have been fully informed of the rules for participation and goals for mental health group therapy. I understand group therapy is a confidential process and that I will protect the privacy and confidentiality of other participants. I will not disclose information of any sort about other group members to anyone outside the group.

I agree to participate actively in the group, to cooperate with the group leader and to complete the activities included in my therapy group.

I agree to abide by the rules of group participation as outlined below:

1. I will treat group members and leaders with respect whether I agree with them or not.
2. I will not be verbally or physically abusive to any group member or group leader.
3. I agree to contribute what I can and to make honest effort to participate during group times by being on time, listening and missing no groups through my own fault.

I understand failure to follow these rules may result in expulsion from the group and may affect my eligibility to participate in other groups offered by FCM at this facility.

Jimmie Lewis
Inmate/Detainee Name

Signature

Mental Health Services Staff Member

506622
Number

Sept 2003
Date

Date

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: I/M Jimmie Lewis, 1D Pod

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 8/12/04

RE: Correspondence dated 7/28/04

I/M Lewis, please be advised that no legal~~-mail~~ or personal property could be located in your property located in Booking & Receiving.

Cc: file

FORM #: 125
(2-part NCR)

MEMORANDUM

To: All West Side Inmates

From: Law Library

Date: July 7, 2003

**RE: CASE LAW AND OTHER PUBLISHED LAW
MATERIAL**

Please be advised that, per new policy, case law is on a loan basis, and copies of other published material are also on a loan basis.

Copies of additional case law and/or copies of other published law material will be sent only when the material previously furnished to you has been returned.

Thank you for your attention in this matter.

Law Library

12/1/04 11:16 AM

TO →
Jimmie Lewis

~~2E-4~~ INFIRMARY

Your cost for having 86 pages copied is \$21.50.

The copies will be made and delivered after you:

- 1) determine that sufficient funds are available to cover the cost of the copies and
- 2) complete a "Pay-to" for the amount and return it, along with this form to the law library.

Thank you,

Law Library.

NOTE: You will receive your copies within a reasonable amount of time. Please read this form and fill it out completely and correctly. PRINT ONLY.

Name: Timmie Lewis

Date NOV 27 2004

Housing Unit: 2E-4

Type of Document(s) (Max of five)

Numbers of
Copies

Envelopes Needed

notice of appeal from inter-country order
(3 pgs) = \$4.50

6

White: _____

Application for Certification to depose etc.
(5 pgs) = \$7.50

6

Yellow: 21
468

I have a deadline, my pleadings must be in court by:

Total \$12.40

Stapled

Double Sided

(Will be verified)

Date: _____

Case#: _____

Your request can not be honored for the following reasons:

- | | |
|---|---|
| <input type="checkbox"/> The material submitted is not legal work. | <input type="checkbox"/> The citation you have submitted is incomplete. |
| <input type="checkbox"/> Grievances, letters, status sheets, etc. are not legal work. | <input type="checkbox"/> There is a .25 per page per side charge for your |
| <input type="checkbox"/> Your request is excessive, five (5) case per week maximum. | item(s) submitted for copying. |
| We do not have the material you have requested. | |

FORM # 34

PAY TO: U.S. TREASURY

DATE: 2/15/05

AMOUNT: \$ _____

THE SUM OF: THIRTY SEVEN CENT

& CENTS 37

(PLEASE CHARGE TO MY ACCOUNT)

ADDRESS TO WHOM SENT:

GLORIA BANKS
6 W. GRIFFITH STREET
PENNSGROVE, NJ 08069

SBI#: 506600

Insufficient Funds
(WITNESS: _____)

* \$3.34 on the books

2/2/05 1:58 PM

Jimmie Lewis
IE - 15

Your cost for having 19 pages copied is \$4.75.

The copies will be made and delivered after you:

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Thank you,
Law Library.

see attached

*Paid / Sent
2/8/2005*

FEB 7 2005

pay to Recd

TO : MR. R. JOHNSON

2/16/05

FROM: MR. JIMMIE LEWIS
SBI# 506600

Inf 197

ENCLOSED IS A PAY TO, TO COVER THE COST
FOR PAGES 80 - 134 OF THE PRISONERS
SELF HELP LITIGATION MANUAL, (5) ✓ LG -
ENVELOPES, (20) ✓ SHEETS OF PAPER, & (6) ✓
COPIES OF EACH DOCUMENT

~~\$ 12.75~~

13.45

PS I RECENTLY REQUESTED
SUPERIOR COURT RULE 71,
WHEN I SHOULD HAVE REQUESTED
SUPERIOR COURT RULE (72)
PLEASE FORWARD SUPERIOR COURT
RULE 72 TO ME AS SOON AS
POSSIBLE.

Jimmie Lewis
JIMMIE LEWIS
SBI # 506600
TEXAS

Inf 197

Done
2/18/2005

As of 2/17/05
\$ 4.38

TO: MR. R. JOHNSON.

FEB 25 2005

2/23/05

TO:
FROM: MR JIMMIE LEWIS
SBI# 506622, ~~CONTAINED~~ IE-4

ENCLOSED IS A PAY TO, TO COVER THE
COST FOR PAGES 476 TO 519 OF THE
PRISONERS SELF HELP LITIGATION MANUAL.

12

\$ 5.50 ; (1) 285 FORM & (2) COPIES
(2 pgs)
OF THE ENCLOSED DOCUMENTS \$ 1.00

\$ 6.50

number of pay, $\frac{22}{\$6.50} + 4$
Amount \$ 5.50
including forms and documents
(sent separately)
Jimmie Lewis
JIMMIE LEWIS
SBI# 506622, IE-4
2/23/05

4.38 on the BOOK 10 of 2/25/05

Date: 2/23/05

Pay-To: H. R. Y. C. I

Amount: \$ 6.50

The Sum of: SIX DOLLARS and Cents FIFTY -

Address to whom sent:

H. R. Y. C. I
1801 E. 12 TH ST
WILM, DE 19809

SBI# 506622

Log #

Check #

Date of CK

Jimmie Lewis
Inmate Signature
OIC Signature
Lieutenant Signature if Over \$100.00
Shift Commander Signature if Over \$1000.00

COPY

2/24/05

~~TO: MR. R. JOHNSON~~

TO: MR. JIMMIE LEWIS

FEB 25 2005

SBI # 506622, IE-4

ENCLOSED IS A PAY TO, TO COVER THE COST
FOR PAGES 580 TO 582 OF THE PRISONERS
SELF HELP LITIGATION MANUAL. \$ 7.75

number of pages 31
Amount \$ 7.75

Jimmie Lewis
SBI # 506622
IE-4

Paid/Post
2/28/2005

*4.38 on the BOOK: N of 2/25/05

Date: 2/24/05Pay-To: H. R. Y. C. IAmount: \$ 7.75The Sum of: SEVEN DOLLARSand Cents SEVENTY FIVE

Address to whom sent:

H. R. Y. C. I
1301 E. 12TH ST
WILM, DE 19809

SBI# 506622

Log # _____

Check # _____

Date of Ck _____

Jimmie Lewis
Lieutenant Signature
C/O V. Williams
OIC Signature

Lieutenant Signature if Over \$100.00

Shift Commander Signature if Over \$1000.00

RESIDENT TRANSACTION REPORT

HRYCI

12/07/04 08:55

ST 002 / OPR WLH

SBI : 506622
 Resident Name : LEWIS, JIMMY
 Time Frame : 06/25/2004 12:48 - 12/07/2004 08:55

Date	Time	Type	ST	OPR	Receipt #	Amount
06/25/2004	12:48	Reopen-Cash	5	WD	E2855	1.50
07/07/2004	06:52	Order-Swanson	2	IM	B23665	1.36
07/12/2004	15:10	Add-Cash	6	PLF	F4716	39.71
07/14/2004	09:23	Order-Swanson	2	DDT	B24914	21.21
07/19/2004	12:00	Add-Cash	4	CK	D9846	50.00
07/20/2004	08:51	Order-Swanson	2	DDT	B25494	14.58
07/26/2004	13:03	Add-Cash	4	CK	D10189	30.00
07/27/2004	13:05	Order-Swanson	2	IM	B26422	22.16
08/04/2004	08:15	Order-Swanson	2	WLH	B27502	23.36
08/09/2004	12:28	Add-Cash	4	CK	D10924	40.00
08/10/2004	08:06	Order-Swanson	2	DDT	B28073	24.75
08/12/2004	10:26	Order-Swanson	9	WAC	I149	2.20
08/17/2004	08:39	Order-Swanson	2	DDT	B29081	28.63
08/18/2004	11:38	Receivable Charge	7	PLF	G2806	2.85
08/18/2004	11:38	Receivable Payment-Resident	7	PLF	G2806	2.85
08/18/2004	11:38	Receivable Realize	7	PLF	G2806	2.85
08/18/2004	11:38	Receivable Charge	7	PLF	G2806	2.90
08/18/2004	11:38	Receivable Payment-Resident	7	PLF	G2806	2.90
08/18/2004	11:38	Receivable Realize	7	PLF	G2806	2.90
08/18/2004	14:43	Order-Swanson	2	DDT	B29432	2.30
08/19/2004	12:38	Add-Cash	4	CK	D11404	20.00
08/23/2004	09:26	Add-Cash	8	RP	H5616	25.00
08/25/2004	07:55	Order-Swanson	2	DDT	B30311	18.48
09/01/2004	08:07	Order-Swanson	2	IM	B30951	25.28
09/15/2004	08:28	Order-Swanson	2	IM	B32918	16.00
09/17/2004	12:56	Add-Cash	4	SED	D12896	25.00
09/21/2004	13:19	Order-Swanson	2	IM	B33682	22.17
09/22/2004	13:23	Add-Cash	4	SED	D13102	25.00
09/29/2004	08:33	Order-Swanson	2	DDT	B34761	14.70
09/30/2004	13:59	Swanson Credit	9	IM	I559	2.76
09/30/2004	14:04	Order-Swanson	9	IM	I561	3.70
10/06/2004	08:33	Order-Swanson	2	DDT	B35533	7.82
10/13/2004	09:49	Order-Swanson	2	DDT	B36466	4.41
10/20/2004	10:41	Add-Cash	4	SED	D14514	25.00
10/26/2004	09:04	Order-Swanson	2	DDT	B38042	21.52
10/27/2004	09:22	Swanson Credit	2	WAC	B38319	21.52
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	2.90
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	2.90
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	2.90
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	1.75
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	1.75
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	1.75
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	2.21
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	2.21
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	2.21
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	0.60

RESIDENT TRANSACTION REPORT

Page 2 of 3

HRYCI

12/07/04 08:55

ST 002 / OPR WLH

SBI : 506622
 Resident Name : LEWIS, JIMMY
 Time Frame : 06/25/2004 12:48 - 12/07/2004 08:55

Date	Time	Type	ST	OPR	Receipt #	Amount
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	0.60
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	0.83
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	0.83
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	0.83
10/28/2004	18:31	Receivable Charge	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Payment-Resident	7	PLF	G3722	1.06
10/28/2004	18:31	Receivable Realize	7	PLF	G3722	1.06
11/02/2004	08:36	Order-Swanson	2	WAC	B38956	10.59
11/03/2004	14:16	Swanson Credit	9	IM	I903	10.59
11/03/2004	14:19	Order-Swanson	9	IM	I904	10.59
11/05/2004	09:24	Add-Cash	8	RP	H7396	25.00
11/08/2004	13:02	Add-Cash	4	CK	D15398	30.00
11/23/2004	08:17	Order-Swanson	2	DDT	B41541	32.74
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	2.90
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	2.90
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	2.90
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.75
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.75
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.75
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	2.21
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	2.21
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	2.21
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.06
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.60
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.00
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.00
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.00
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37

RESIDENT TRANSACTION REPORT

Page 3 of 3

HRYCI

12/07/04 08:55

ST 002 / OPR WLH

SBI : 506622
 Resident Name : LEWIS, JIMMY
 Time Frame : 06/25/2004 12:48 - 12/07/2004 08:55

Date	Time	Type	ST	OPR	Receipt #	Amount
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.29
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.29
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.29
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	1.52
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	1.52
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	1.52
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.83
11/24/2004	15:36	Receivable Charge	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Payment-Resident	7	PLF	G4070	0.37
11/24/2004	15:36	Receivable Realize	7	PLF	G4070	0.37
11/30/2004	11:41	Order-Swanson	2	WLH	B42407	3.10
12/02/2004	10:29	Receivable Charge-Reversal	7	kjg	G4112	14.33
12/02/2004	10:29	Recv Payment Reversal-Resident	7	kjg	G4112	14.33
12/02/2004	10:29	Receivable Realize Reversal	7	kjg	G4112	14.33
12/07/2004	08:05	Order-Swanson	2	WLH	B43112	14.51

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801

MEMORANDUM

TO: Inmate Jimmie Lewis *Sgt*

FROM: Sgt. Moody, Inmate Grievance Chairperson

DATE: 3.10.05

RE: YOUR RECENT GRIEVANCE #05- 12241

This memo is to inform you that the grievance submitted by you dated 3.8.05, regarding Sgt. Way is not grievable for the following reason(s):

- ☐ The complaint was addressed by the IGC: _____.
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff and the public).
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the Treatment/Classification Unit within seven (7) days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue. Disciplinary actions cannot be grieved but must be APPEALED within 24 hours of the Class I or Class II Hearing Decision. Complete an appeal form and mail it to the facility Hearing Officer within 24 hours of receiving the form. Please note that 24 loss of all privileges cannot be appealed.
- ☐ Parole Board Decision. The inmate must write a letter to the Parole Board within 30 days of the Board's decision. Expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole, Carvel State Office Building, 820 N. French Street, 5th Floor, Wilmington, DE 19801.
- ☒ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff write a letter to that person's supervisor. In this case, that is: Optan Jefferson 8.4 shift Commander
- ☐ This is an issue/complaint that has already been grieved by you or another inmate. _____.
- ☐ Grievance is unacceptable because it has passed the seven (7) day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil or red ink. Original grievance forms must be written in black or dark blue ink.
- ☐ This complaint is addressed in the Inmate Handbook. Refer to the handbook page _____ for clarification and/or direction.

☒ Action request is inappropriate or not completed. Inmate must make an actual request, such as, request that an investigation be conducted (inmates are not forwarded results of investigations that involve staff conduct). However, on your behalf, a copy of this grievance has been forwarded to Captain Jefferson, 8x4 Shift Commander for review.

☐ Documentation must be attached to the grievance when it is resubmitted that supports allegations/complaint, such as commissary receipts, Form 537, etc. The IGC will make copies of items submitted with the grievance and return the originals to the inmate.

☐ This complaint should be addressed by submitting a sick call slip. If you are experiencing any type medical condition, please submit a sick call slip.

☐ Other: Requests are not processed through the grievance procedure.

☐ Other: Please be advised that you have submitted your grievance on the wrong form. Please re-submit using the correct grievance form.

cc: file

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: Jimmie Lewis ~~Def.~~
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 3-10-05
RE: GRIEVANCE # 05-12246

Please be advised that your grievance has been received in the office of the Grievance Chair regarding food servers.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Resident Grievance Committee (RGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis.

Thank you for your patience.

Howard R. Young Correctional Institution
Inter-Dept. Memo

TO: Jimmie Lewis ~~Inf.~~
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 3-10-05
RE: GRIEVANCE # 05-12239

Please be advised that your grievance has been received in the office of the Grievance Chair regarding Jimmie Lewis.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Resident Grievance Committee (RGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis.

Thank you for your patience.

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
HOWARD R. YOUNG CORRECTIONAL INSTITUTION
OFFICE OF THE GRIEVANCE CHAIRPERSON
1301 E. 12TH STREET
WILMINGTON, DE 19801


MEMORANDUM

TO: Inmate Jimmie Lewis, Infirmary ✓
FROM: Sgt. Moody, Inmate Grievance Chairperson
DATE: 3-10-05
RE: Correspondence dated 2-14 & 2-28-05

Please be advised that this office is in receipt of your correspondence regarding the scheduling of Medical Grievances. Please be advised that Medical schedules their grievance hearings. You can write to the Office of the Health Services Administrator, April Lyons, regarding this matter.


Cc: file

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: Jimmie Lewis 
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 3-10-05
RE: MEDICAL GRIEVANCE # 05-12233

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.



FORM #584

GRIEVANCE FORMFACILITY: H.R.Y.C.I.DATE: 2/24/05GRIEVANT'S NAME: JIMMIE LEWISSBI#: 506622

CASE#: _____

TIME OF INCIDENT: 2/22/05HOUSING UNIT: 1E-4

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I HAVE JUST RECEIVED MY SENTENCING WORKSHEETS, #'S 03-06-0175, 03-06-0176 & 03-06-0177 FROM NEWCASTLE COUNTY PROTHONOTARY. JUDGE PEGGY L. ABLEMAN SENTENCED ME CONCURRENTLY, SEE ATTACHED. DEFINITION FOR CONCURRENT: OCCURRING AT THE SAME TIME, ACTING TOGETHER, LAW HAVING EQUAL AUTHORITY. DEFINITION FOR CONSECUTIVE: FOLLOWING IN ORDER WITHOUT INTERRUPTION, SUCCESSIVE. THE DELIMMA IS THAT SOMEONE FROM THE RECORDS DEPARTMENT CONCATATED MY SENTENCE CONSECUTIVELY NOT CONCURRENTLY IN ACCORDANCE TO JUDGE PEGGY L. ABLEMAN'S SUPERIOR COURT ORDER. SPECIFICLY, MY LEVEL (5) MAX DATE SHOULD BE - 12/09/2006 NOT 12/09/2007.

ACTION REQUESTED BY GRIEVANT: I NEED THIS MATTER TO BE INVESTIGATED. I ALSO NEED TO BE INFORMED EXACTLY WHICH H.R.Y.C.I. - WARDEN MR. RAPHEL WILLIAMS EMPLOYEE IS DIRECTLY RESPONSIBLE FOR THIS ~~MURDER~~ INEVITABLE CONSTITUTIONAL VIOLATION, IN ORDER FOR ME TO OBTAIN MONETARY DAMAGES FROM THE FEDERAL DISTRICT COURT.

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 2/24/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

Offender Status Sheet

Date: 02/14/2005

SBI #: 00506622 Name: JIMMY LEWIS
 Location(s): HRYCI Level(s): 5 Race: BLACK DOB: 12/25/1966
 AKA:
 Offender Type: Sentenced Officer(s):

Level: 5

Start Date: 05/26/2003 MED: 05/24/2009 STRD: 11/01/2008 ADJ: 11/01/2008 PED: Statutory Days Earned: 204.00

CASE#/ Court	CRA#/ Judge	Charge Desc/ Sen. Type/ Sentence Date	Status/ Eff. Date	Length			Start Dt	MED	STRD	Adj Date	CR Wk
				Y	M	D					
0305016966	IN03060175	CARJACKING 2ND	Current	5	0	0	05/26/2003	05/25/2008	12/09/2007	12/09/2007	
U7	Peggy L Ableman	STANDARD 02/11/2005	05/26/2003	1	0	0	05/25/2008	05/24/2009	11/01/2008	11/01/2008	
0305016966	IN03060176	THEFT \$1000 OR>	Current								
U7	Peggy L Ableman	STANDARD 02/11/2005	05/26/2003								

Special Conditions:

CRA#	Level	Code	Condition Description	Condition Comments
IN03060175	5	CRT1	Other Conditions:	To serve 5 years Level 5. ac
IN03060176	5	CRT1	Other Conditions:	To serve 2 years Level 5, suspended after 1 year for 1 year Level 4 Plummer Center, suspended after 6 months for 6 months Probation Level 3. ac

SENTENCING WORKSHEET

Time:

Sent to Judge:

Defendant Name:		Date: 02-11-05	
AKA: Lewis, Jimmy		Judge: PLA	
ID Number: D305616966		DOB: 12-25-66	
Criminal Action Number:		Charge: Theft 1000 or >	
Prefix: IN	Number: D3-06-0176	Suffix:	
FINANCIAL			
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$	<input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION			
<input type="checkbox"/> In Violation of Probation/Contempt	<input type="checkbox"/> Revoked	<input type="checkbox"/> Continued	<input type="checkbox"/> Modified <input type="checkbox"/> Discharged
Effective:		Beginning:	
Be imprisoned for 2 years months days At Level 5		Ending:	
Level 5 Treatment:		Eff Date:	
<input type="checkbox"/> Min. Mandatory Time: Title/Sec:		<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served	
<input type="checkbox"/> Suspended Immediately			
<input checked="" type="checkbox"/> Susp After 1y		<input type="checkbox"/> time served for 1y at Level 4	
<input checked="" type="checkbox"/> Susp After 6m		<input type="checkbox"/> time served for 6m at Level 3	
<input type="checkbox"/> Susp After		<input type="checkbox"/> time served for at Level	
Followed By:		Balance at Level	
Probation for at Level		Suspended after for at Level	
<input type="checkbox"/> Consecutive to:		<input checked="" type="checkbox"/> Concurrent with:	
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) 3 5		<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.	
RESTITUTION	TO:	Amount:	
<input type="checkbox"/> Determined by Presentence Memo	Address:		
CONDITIONS			
<input type="checkbox"/> Pay costs, fines, restitution during		<input type="checkbox"/> Probationary period <input type="checkbox"/> Previously Ordered	
<input type="checkbox"/> Work Referral <input type="checkbox"/> Pay Costs of Supervision <input type="checkbox"/> Community Service: Hours <input type="checkbox"/> No Contact with <input type="checkbox"/> No Driving for <input type="checkbox"/> Subst Abuse Eval <input type="checkbox"/> Residential Drug/Alc <input type="checkbox"/> Outpatient Drug/Alc <input type="checkbox"/> 4177 DUI Program <input type="checkbox"/> Follow Original Conditions of Probation		<input type="checkbox"/> TASC Supervision/Evaluation <input type="checkbox"/> One Time Fee <input type="checkbox"/> Determined by Probation <input type="checkbox"/> Victim <input type="checkbox"/> Codefendant <input type="checkbox"/> Alcohol Treatment <input type="checkbox"/> Job Training <input type="checkbox"/> Fully Employed <input type="checkbox"/> Zero Tolerance <input type="checkbox"/> Mental Health <input type="checkbox"/> Obtain GED <input type="checkbox"/> Random Urinalysis	
<input type="checkbox"/> SEX OFFENDER: Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft.		(circle one) COMMITMENT RELEASE DEFERRED COMMITMENT	
<input checked="" type="checkbox"/> Nolle Prosses entered on remaining charges		PR \$	
<input checked="" type="checkbox"/> Nolle Prosses entered on Criminal Action Number(s):		SH \$	
		TOTAL \$	

DEF. ATTY:

DAG:

CLERK:

CT. REP:

Edinger

Robertson

Ferry

Coale

SENTENCING WORKSHEET

Time:

Sent to Judge:

Defendant Name: <u>Lewis, Jimmy</u>		Date: <u>02-11-05</u>	
AKA:		Judge: <u>PLA</u>	
ID Number: <u>0305016966</u>		DOB: <u>12-25-66</u>	
Criminal Action Number:		Charge: <u>Resist Arrest</u>	
Prefix <u>IN</u>	Number <u>03-06-0177</u>	Suffix	
FINANCIAL			
<input type="checkbox"/> Pay Costs	<input type="checkbox"/> Costs Suspended	<input type="checkbox"/> Pay Fine \$	<input type="checkbox"/> 15% <input type="checkbox"/> 18% <input type="checkbox"/> Fine Suspended:
IMPRISONMENT/PROBATION			
<input type="checkbox"/> In Violation of Probation/Contempt		<input type="checkbox"/> Revoked	<input type="checkbox"/> Continued
<input type="checkbox"/> Modified		<input type="checkbox"/> Discharged	
Effective:		Beginning:	
Be imprisoned for <u>1</u> years <u>0</u> months <u>0</u> days At Level <u>5</u>		Ending:	
Level 5 Treatment:		Eff Date:	
<input type="checkbox"/> Min. Mandatory Time: Title/Sec:		<input type="checkbox"/> Credit for <input type="checkbox"/> Time Served	
<input checked="" type="checkbox"/> Suspended Immediately			
<input type="checkbox"/> Susp After		<input type="checkbox"/> time served for <u>01y</u> at Level <u>2</u>	
<input type="checkbox"/> Susp After		<input type="checkbox"/> time served for at Level <input type="checkbox"/> Plummer/Home Conf/Day Reporting	
<input type="checkbox"/> Susp After		<input type="checkbox"/> time served for at Level <input type="checkbox"/> Plummer/Home Conf/Day Reporting	
Followed By:		at Level Balance at Level	
Probation for at Level		Suspended after for at Level	
<input type="checkbox"/> Consecutive to:		<input checked="" type="checkbox"/> Concurrent with:	
<input type="checkbox"/> Level 4 Sentence, Hold at: (circle one) <u>3</u> <u>5</u>		<input type="checkbox"/> Guilty but Mentally Ill, to be confined at Delaware Psychiatric Center (Delaware State Hospital) until competent.	
RESTITUTION	TO:	Amount:	
<input type="checkbox"/> Determined by Presentence Memo	Address:		
CONDITIONS			
<input type="checkbox"/> Pay costs, fines, restitution during		<input type="checkbox"/> Probationary period <input type="checkbox"/> Previously Ordered	
<input type="checkbox"/> Work Referral		<input type="checkbox"/> TASC Supervision/Evaluation	
<input type="checkbox"/> Pay Costs of Supervision		<input type="checkbox"/> One Time Fee	
<input type="checkbox"/> Community Service: Hours		<input type="checkbox"/> Determined by Probation	
<input type="checkbox"/> No Contact with		<input type="checkbox"/> Victim <input type="checkbox"/> Codefendant	
<input type="checkbox"/> No Driving for		<input type="checkbox"/> SEX OFFENDER: Registration/Community Notification Required. Level 1-4 Sentence: Super Ct to provide notice and register deft. Level 5 Sentence: Dept of Correction to provide notice and register deft.	
<input type="checkbox"/> Subst Abuse Eval		<input type="checkbox"/> Alcohol Treatment	
<input type="checkbox"/> Residential Drug/Alc		<input type="checkbox"/> Job Training	
<input type="checkbox"/> Outpatient Drug/Alc		<input type="checkbox"/> Mental Health	
<input type="checkbox"/> 4177 DUI Program		<input type="checkbox"/> Obtain GED	
<input type="checkbox"/> Follow Original Conditions of Probation		<input type="checkbox"/> Random Urinalysis	
<input checked="" type="checkbox"/> Nolle Prosses entered on remaining charges		(circle one) COMMITMENT RELEASE DEFERRED COMMITMENT	
<input checked="" type="checkbox"/> Nolle Prosses entered on Criminal Action Number(s):		PR \$	
		SH \$	
		TOTAL \$	

DEPUTY:

DAG:

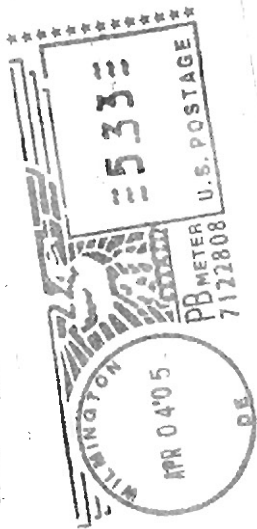
CLERK:

CL. REP:

INTEROFFICE MEMORANDUM

TO: I/M JIMMIE LEWIS SBI 506622
FROM: RECORDS
SUBJECT: YOUR LETTER
DATE: 3/8/2005
CC: FILE

Mr. Lewis, despite what the worksheet says, Delaware does not have concurrent sentences. Only Probation sentences can run concurrent not Level 5. You will need to write your judge if you want your sentence amended. As of now, your status sheet is correct and will remain correct unless the judge changes your sentence.



THIRD CLASS

OFFICE OF THE CLERK
UNITED STATES DISTRICT
844 N. KING ST., LOCKBOX
WILMINGTON, DELAWARE 19801

THIRD CLASS

THIRD CLASS

Jimmie Lewis
SBI# 506622
H.R.Y.C.T
P.O BOX 9561
Wilm, DE 19809

(# 1 OF 4)

THIRD CLASS
05-51
05-52
05-53
06-54